

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/03/2012
FORM APPROVED
OMB NO. 0938-0391

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|---|---|--|---------------------|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155042 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 09/11/2012 | |
| NAME OF PROVIDER OR SUPPLIER WILLOW MANOR | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3801 OLD BRUCEVILLE RD BOX 136 VINCENNES, IN 47591 | | | |
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| F0000 | <p>This visit was for the Investigation of Complaint IN00116141.</p> <p>Complaint IN00116141 - Substantiated. Federal/State deficiencies related to the allegations are cited at F327 and F514.</p> <p>Survey dates: September 10 and 11, 2012</p> <p>Facility number: 000016 Provider number: 155042 AIM number: 100291500</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF: 14 SNF/NF: 108 Total: 122</p> <p>Census payor type: Medicare: 16 Medicaid: 80 Other: 26 Total: 122</p> <p>Sample: 3</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC</p> | | F0000 | | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| | 16.2. Quality review 9/17/12 by Suzanne Williams, RN | | | | | | |

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| F0327 SS=G | <p>483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health. Based on interview and record review, the facility failed to ensure a resident at risk for dehydration received the recommended amount of fluids daily, resulting in hospitalization for dehydration, for 1 of 3 residents reviewed for fluid intake, in a sample of 3. Resident A</p> <p>Findings include:</p> <p>1. The clinical record of Resident A was reviewed on 9/10/12 at 11:20 A.M. Diagnoses included, but were not limited to, Alzheimer's disease.</p> <p>A care plan, dated 6/29/12, indicated a problem of "At risk for dehydration Related to: Daily use of diuretic. New to facility. Dx [diagnosis]: Alzheimers." Interventions included: "Observe for poor skin turgor, concentrated urine, dry skin...lethargy... Encourage fluids...Keep MD informed of changes in resident condition...."</p> <p>Physician orders, dated 7/2/12, indicated, "Lasix (diuretic) 40 mg, Take (1) tablet by mouth once daily for HTN</p> | | F0327 | <p>Resident A has discharged from the facility. All residents have been assessed related to hydration status and risk for dehydration with appropriate interventions implemented based on assessment. Risk for Dehydration Assesments has been completed on all residents. This assesment will be completed on admission, quarterly, if a resident returns from the hospital, or has a significant change in condition. Based on the assessment, appropriate interventions will be implemented as indicated for each resident. The plans of care have been updated to reflect any needed interventions based on the assessment. The Registered Dietician has reviewed all residents in the facility and updated recommended fluid requirements if needed. Dietary will review residents on a quarterly basis or if there is a change in a residents status to assure that there is no change in hydration needs. Based on the Registered Dietitians's recommendations, the dietary cards have been updated to reflect that the majority of recommended fluid intakes are served in accordance with</p> | | 10/11/2012 | |

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| | <p>[hypertension]."</p> <p>A Dietary Manager note, dated 7/9/12, indicated, "Res. [resident] receives a Regular diet as ordered. Res. is offered 1560 cc fluids dly [daily] [with] meals...."</p> <p>An admission Minimum Data Set [MDS] assessment, dated 7/11/12, indicated the resident scored a 4 out of 15 for mental status, with 15 indicating no memory impairment. The MDS assessment indicated the resident was independent with set-up help only for eating.</p> <p>A Nutrition Risk Assessment, dated 7/11/12 and signed by the Registered Dietician, indicated the resident required 2568 cc total fluids daily.</p> <p>Nurse's Notes included the following notations:</p> <p>9/1/12 at 9:45 P.M.: "Pt. [patient] alert but confused...Tray set [up] per staff in D.R. [dining room]. Tried to encourage him to eat but would not eat much...stated he wasn't hungry...tried to get him to eat a snack later but took only 1/2 of pudding et [and] milk...."</p> <p>9/3/12 at 9:15 A.M.: "Res alert [with] confusion...Appetite good @ breakfast...Will cont to monitor."</p> | | <p>resident's meals. In addition hydration will be provided at a minimum of two times per day that will offer additional fluids to residents including those on thickened liquids between meals. The intake record has been altered to reflect all fluid intake not just fluids consumed at meal service. The night shift nurse will be responsible for totaling fluid intake each day and assessing to insure that recommended fluid requirements are being met. Residents not meeting hydration needs will have appropriate interventions implemented. The interdisciplinary team will also be reviewing resident's hydration intakes on a weekly basis as part of the nutritional review. Nursing and Dietary staff have been in-serviced related to offering of hydration to residents and assuring that hydration needs are being appropriately met. A PI tool has been established that will randomly review five residents to assure hydration needs are being met appropriately. This tool includes the monitoring of adequate fluids based on the dietary recommendations. This tool will be completed by the Director of Nursing, or designee, weekly x3, then monthly x3, then quarterly x3. Any issues identified will be immediately corrected. The completed audits will be reviewed at the routinely scheduled Quarterly Assurance Meetings</p> | | | | |

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| | <p>9/4/12 at 9:30 P.M.: "...Fed per staff 90% of meal et took 240 cc...."</p> <p>9/5/12 at 10:00 A.M.: "Res. appears to be very tired. I fed him breakfast. He ate an egg [and] 1/2 piece of toast. Refuses all his 0700 [7:00 A.M.] meds [medications]...Will cont. to monitor."</p> <p>9/6/12 at 1:30 P.M.: "Res. @ lunch table [with] family. Family c/o [complains of] Res 'unresponsive' et breathing heavily...Family states want resident sent to E.R."</p> <p>The resident was transferred to the emergency room on 9/6/12 at 1:45 P.M.</p> <p>A hospital emergency room note, dated 9/6/12, indicated, "...he is very, very lethargic...Physical Exam:...dry mucous membranes...He had a laboratory workup [sic]...His comprehensive metabolic profile was impressive with a BUN of 46 [6-20 normal limits] and creatinine 1.45 [.50-1.20 normal limits], those are up for him. Sodium 156 [136-145 normal limits]... chloride 122 [96-106 normal limits]...I think it will take a couple of days to sort all of this out and give him fluids and get his electrolytes straightened out. Assessment: 1. Lethargy, dehydration, electrolyte imbalance with</p> | | with additional recommendations/ interventions as needed based on the outcome of the tools. | | | | |

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| | <p>severe hyponatremia [high sodium level]...."</p> <p>A hospital history and physical, dated 9/6/12, indicated, "...He was evaluated in the emergency room and found to have significant electrolyte disturbance and dehydration...Impression: Dehydration with hyponatremia...."</p> <p>On 9/11/12 at 10:20 A.M., the meal consumption record of Resident A was reviewed. The record indicated the resident received the following daily fluids:</p> <p>9/1/12: 1080 cc 9/2/12: 1380 cc 9/3/12: 1060 cc 9/4/12: 540 cc 9/5/12: 540 cc 9/6/12: 120 cc</p> <p>On 9/11/12 at 11:50 A.M., during interview with the Administrator and Director of Nursing [DON], the DON indicated residents residing on the Alzheimer's unit have frequent activities which provide additional fluids, and she would think that the residents usually consume enough fluids.</p> <p>On 9/11/12 at 2:25 P.M., the Director of Nursing provided the current facility</p> | | | | | | |

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| | <p>policy on "Hydration Management Process," undated. The policy included: "Appropriate fluid balance will be maintained for all Residents. Residents will be assessed and monitored for inadequate fluid intake...Nursing, Activities and other appropriate staff will be inserviced on the hydration needs for the elderly...Specific interventions will be communicated to care givers responsible for the delivery of care...Fluids intake sheets will be reviewed by designated care giver and referred to RD [Registered Dietician] as appropriate...."</p> <p>This federal tag relates to Complaint IN00116141.</p> <p>3.1-46(b)</p> | | | | | | |

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| F0514 SS=D | <p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure documentation was complete regarding a resident's behaviors requiring the increase of a psychotropic medication, for 1 of 3 residents reviewed with psychotropic medications, in a sample of 3. Resident A</p> <p>Findings include:</p> <p>On 9/10/12 at 11:20 A.M., the clinical record of Resident A was reviewed. Diagnoses included, but were not limited to, Alzheimer's disease.</p> <p>Nurse's Notes included the following notations:</p> <p>7/9/12 at 1:30 P.M.: "Res [resident] is very delusional this afternoon. Res states</p> | F0514 | <p>Resident # A has been reviewed. It would not be possible to go back and document appropriately for the incidents. Please see systems below to assist with prevention of reoccurrence. All residents medical records have been reviewed for any behaviors occurring in the past seven days to assure proper documentation is present including proper description of any behaviors that may have occurred. The nurses have been in-serviced related to proper documentation of any resident behavior. The interdisciplinary team will be reviewing any behavior incident and all new physician orders related to behaviors each business morning to assure that proper documentation is present in correlation with any new order. If an issue with the documentation is identified, the</p> | | 10/11/2012 | | |

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| | <p>'They are going to shoot me.' Res. claims he's in jail et [and] that he never killed anyone...Res cont [with] delusional comments...."</p> <p>7/11/12 at 7:45 A.M.: "Res sitting [up] in DR [dining room] et is refusing to eat breakfast et take meds...res stated 'Everyone is trying to kill me by poisoning my food et medication.'...Will report to Dr. Will cont to monitor."</p> <p>7/13/12 at 1:50 P.M.: "New order received...start Zyprexa 2.5 mg [one] po [by mouth] q [every] pm d/t [due to] [increased] behaviors et delusions et dtr [daughter] [name] aware."</p> <p>7/15/12 at 10:00 A.M.: "Res started to have [increased] delusions this AM of wanting to die et that we are going to kill him...."</p> <p>7/17/12 at 1:15 P.M.: "Res remains delusional @ x's [times]. Stated 'My dad and all the people are making fun of me.' Redirected [without] success...Will notify MD of continued delusions."</p> <p>On 7/17/12, the physician visited, and ordered the Zyprexa increased to 2.5 mg every morning, and 5 mg at bedtime.</p> <p>Nurse's notes from 7/17/12 through</p> | | nurse involved will be contacted to assure that the "late entry" information is placed in the residents medical record appropriately. A PI tool has been initiated that randomly reviews five residents medical records,if applicable related to behaviors and correlating documentation. The Director of Nursing or designee, will complete this tool weekly x3,monthly x3, and quarterly x3. Any issues identified will immediately corrected. The Quality Assurance Committee will review the tools and the results at the scheduled meetings with the recommendations/ interventions based on the outcome of the tools. | | | | |

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| | <p>7/23/12 indicated the resident was not having delusions.</p> <p>A physician's order, dated 7/23/12, indicated, "Zyprexa 7.5 mg twice daily for agitation."</p> <p>A Social Service noted, dated 7/23/12, indicated, "Residents [sic] Zyprexa [increased]. See MARS [medication administration records]." The Social Service note did not indicate a reason the Zyprexa was increased.</p> <p>On 9/11/12 at 2:00 P.M., the Director of Nursing provided a behavior record, dated 7/23/12, which indicated, "Delusions, At breakfast, resident wished he had a gun, threatened to shoot everyone [and] self in head. Reported to Nurse in Charge." A 24 hour Nursing/Change of Condition Report, dated 7/23/12, indicated, "Days, cont [with] [increased] delusions. Zyprexa 7.5 mg BID [twice daily]." The DON indicated at that time that there was no further documentation regarding the resident's delusions. She indicated the documentation regarding the need to increase the Zyprexa was not thorough.</p> <p>This federal tag relates to Complaint IN00116141.</p> <p>3.1-50(a)(1)</p> | | | | | | |

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